

## Appendix D – Social Assessment Form Template



**SUPERIOR COURT OF THE DISTRICT OF COLUMBIA  
FAMILY COURT SOCIAL SERVICES DIVISION (CSSD)  
510 4TH STREET NW  
WASHINGTON, D.C. 20001**

**SOCIAL ASSESSMENT**

**SOCIAL FILE NUMBER:** \_\_\_\_\_ **X REFERENCE #** \_\_\_\_\_

**RESPONDENT'S NAME (Last, First, MI)** \_\_\_\_\_

**DATE OF BIRTH** \_\_\_\_\_

**PLACE OF BIRTH** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**ZIP CODE** \_\_\_\_\_

**CITY** \_\_\_\_\_

**PSA / WARD** \_\_\_\_\_

**OFFENSE** \_\_\_\_\_

**COMPLAINT DATE** \_\_\_\_\_

**VERIFICATION** \_\_\_\_\_

**PROBATION OFFICER** \_\_\_\_\_

**COURT STATUS**    ☐ New    ☐ PK    ☐ Diag  
                                 ☐ Supervision    ☐ DC

**SCHOOL NAME** \_\_\_\_\_

**GRADE** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**SOCIAL SECURITY NO.**

**MEDICAL PLAN**

**MEDICAL INSURANCE NO.** \_\_\_\_\_

**LIVING WITH** \_\_\_\_\_

**RELATIONSHIP** \_\_\_\_\_

**PHONE NUMBER** \_\_\_\_\_

**NUMBER OF SIBLINGS** \_\_\_\_\_

**MOTHER'S NAME**

**MARITAL STATUS**

**AGE** \_\_\_\_\_

**DOB** \_\_\_\_\_

**DOD** \_\_\_\_\_

**PHONE NO. (HOME)** \_\_\_\_\_ **CELL #:**

**WORK NO.** \_\_\_\_\_

**ADDRESS: (if different)** \_\_\_\_\_

**FATHER** \_\_\_\_\_

**MARITAL STATUS** \_\_\_\_\_

DOCKET NUMBER \_\_\_\_\_

SOCIAL FILE NUMBER \_\_\_\_\_

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AGE \_\_\_\_\_ DOB \_\_\_\_\_ DOD \_\_\_\_\_

PHONE NO. (HOME) \_\_\_\_\_ CELL #: \_\_\_\_\_ WORK NO. \_\_\_\_\_

ADDRESS: (if different) \_\_\_\_\_

**OTHER HOUSEHOLD MEMBERS**

Known to court	Name: (First, Middle, Last – if different)	Relationship	Birthdate	Employment or School

**OTHER RELATIVES AND /OR OTHER ADULT CONTACTS**

Name	Relation.	Age	Address and Phone Number

**Involvement with the Court**

No.	Date	Complaint	Docket /Case No.	Disposition & Date
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Respondent known to other jurisdictions: ☐ Yes ☐ No

Jurisdiction: \_\_\_\_\_

**Involvement with the Court**

No.	Date	Complaint	Docket/Case No.	Disposition & Date
1.				
2.				
3.				
4.				
5.				

Other Jurisdiction: \_\_\_\_\_

1.				
2.				
3.				
4.				

☐ Does the mother have direct/consistent contact with the respondent? ☐ Yes ☐ No

☐ Does the father have direct/consistent contact with the respondent ? ☐ Yes ☐ No

**FAMILY RELATIONSHIPS (includes all members of the household)**

0 \_\_\_\_ Stable/supportive

- No reported conflicts (curfew issues, etc.)

1 \_\_\_\_ Some disorganization or stress but potential for improvement

- Reported need for intervention and counseling
- Some conflict reported , but does not interfere with family's functioning

2 \_\_\_\_ Major disorganization and or stress

- Violent outbreaks
- Police have been called to the home.
- Behavioral problems (any occupants of the home)

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**LIVING ARRANGEMENTS****0 \_\_\_\_ Suitable living arrangements**

- Age appropriate/gender appropriate bed space for sleeping
- No more than one relocation in the previous 12 month period

**1 \_\_\_\_ Minimal transitional residence problems**

- primary family, could not provide consistent living arrangements.
- Relocation not to exceed two occasions in a twelve-month period of time.

**2 \_\_\_\_ Chronic and repeated residence problems**

- including nomadic lifestyle or unacceptable residence.
- Two or more relocations with previous twelve month period

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_**CHILD'S RESPONSE TO PARENTAL AUTHORITY****0 \_\_\_\_ Good response to parental authority**

- Child follows rules of the home 80% of the time or better.

**1 \_\_\_\_ Fair response to parental authority**

- Child follows rules of the home 50% of the time or better but less than 80%.

**2 \_\_\_\_ Poor response to parental authority**

- Child follows rules of the home less than 50 % of the time.

Comments: \_\_\_\_\_  
\_\_\_\_\_**QUESTIONS IN THIS SECTION PERTAIN ONLY TO THE PARENT(S)/LEGAL GUARDIAN/CURRENT CARE TAKER:****PARENTING****0 \_\_\_\_ None****1 \_\_\_\_ Inadequate Parenting Techniques**

- Inappropriate or no action taken to address misbehavior (i.e. misbehavior at school, truancy)
- No household standards (i.e. curfew, chores, designated homework time)

Comments: \_\_\_\_\_  
\_\_\_\_\_

**MENTAL HEALTH HISTORY**

0 \_\_\_\_ None

1 \_\_\_\_ Mental Health History

- Current caretaker has received mental health services in the past? ☐ Yes ☐ No
- Caretaker currently in treatment? ☐ Yes ☐ No

If you have been in treatment, but are not currently in treatment, when did the treatment end? \_\_\_\_\_

What is or was the mental health diagnosis? \_\_\_\_\_

Treatment services provider? \_\_\_\_\_

Current Medication(s) \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_**PHYSICAL HEALTH**

0 \_\_\_\_ None

1 \_\_\_\_

- Current Caretaker has experienced major physical ailments (stroke, dialysis, heart attack, cancer, HIV/AIDS, etc.)?

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_**ARREST HISTORY**

0 \_\_\_\_ Never arrested

1 \_\_\_\_ Current Caretaker has been arrested at least once

- Caretaker currently under court supervision ☐ Yes ☐ No

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SUBSTANCE ABUSE:**

0 \_\_\_\_ Current caretaker has no history of substance abuse.

1 \_\_\_\_

Current caretaker has used illegal drugs in the past three years/ Name drug(s) \_\_\_\_\_

- Current caretaker is currently in treatment ☐ Yes ☐ No
- Current caretaker has received treatment for drug or alcohol abuse ☐ Yes ☐ No

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_**DOMESTIC VIOLENCE**

0 \_\_\_\_

- Police have never been called to the home
- No incidences of beatings, intimidation or threats within the family

1 \_\_\_\_

- Reported beatings, threats or intimidation within the family
- Police been called to the home for domestic violence incident in the past?

Has a Civil Protection Order (CPO) been filed by someone or against someone in your household in the past?

☐ Yes ☐ NoComments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_**QUESTIONS IN THIS SECTION PERTAIN ONLY TO THE RESPONDENT:****SUBSTANCE ABUSE**

0 \_\_\_\_ No usage within the past 12 months

1 \_\_\_\_ Occasional use/some disruption in functioning

- Use of drugs two or more times per month

2 \_\_\_\_ Frequent abuse/serious disruption in functioning

- Use of drugs two or more times per week

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EMOTIONAL/MENTAL HEALTH**

0 \_\_\_\_ No reported history of emotional/mental health issues

1 \_\_\_\_

- Indicators of possible mental health issues, further assessment required (Sudden change in behavior and or inappropriate social responses (running away one or two times during the past twelve months, truancy from school, traumatic life events-i.e. abandonment by parent, death of significant other –parent, grandparent)

2 \_\_\_\_ Severe problems, which require treatment/professional intervention.

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PHYSICAL HEALTH**

0 \_\_\_\_ No problems/ No reported history

1 \_\_\_\_ Illness/disability which interferes with functioning (Current use of medication, treatment for acute problem or controlled health issue (i.e. asthma-inhaler as needed or minor infection-antibiotics, limited planned treatment)

2 \_\_\_\_ Serious handicap or chronic illness, which requires medical intervention and ongoing monitoring.

1 \_\_\_\_ Currently pregnant

1 \_\_\_\_ Sexually transmitted diseases

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ABUSE/NEGLECT HISTORY**

0 \_\_\_\_ No indication of abuse or neglect

1 \_\_\_\_ Neglect likely from caretakers

1 \_\_\_\_ Physical abuse from caretakers

2 \_\_\_\_ Abuse or neglect officially confirmed

2 \_\_\_\_ Sexual abuse officially confirmed

Comments: \_\_\_\_\_

\_\_\_\_\_

**STRUCTURED ACTIVITIES**

- 0 \_\_\_\_ Respondent currently involved in structured activity
- 1 \_\_\_\_ No involvement in structured activity at the time of arrest

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SCHOOL ATTENDANCE**

- 0 \_\_\_\_ No problems
- No more than two unexcused absences within the last 30 days
- 1 \_\_\_\_ Some truancy
- More than two unexcused absences in the last 30 days
- 2 \_\_\_\_ Major truancy/dropped out
- More than 15 days of unexcused absences

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SCHOOL BEHAVIOR**

- 0 \_\_\_\_ No problems
- No reported behavioral incidents
- 1 \_\_\_\_ Some problems
- One suspension in a semester or a reported disciplinary incident
- 3 \_\_\_\_ Major problems
- 4
- Two or more suspensions in a semester

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**ACADEMIC ACHIEVEMENT**

- 0 \_\_\_\_ At or above grade level
- 1 \_\_\_\_ Below grade level (1-2 years)
- 2 \_\_\_\_ Currently failing most subjects
- 2 \_\_\_\_ Below grade level (3 years)
- 3 \_\_\_\_ L. D. & E. D. without appropriate services/placement

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_**PEER INTERACTIONS**

- 0 \_\_\_\_ No negative relationships
- Respondent has no friends or associates known to the court
- 1 \_\_\_\_ Some negative associations
- (50% of friends or less)
- 2 \_\_\_\_ Associations almost completely negative
- (50% of friends or more)

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_**SUMMARY (if applicable)**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total: \_\_\_\_\_

- \_\_\_\_ 0-8 Low
- \_\_\_\_ 9-16 Medium
- \_\_\_\_ 17-29 High

WRITER/SCREENER: \_\_\_\_\_ PHONE NO.: \_\_\_\_\_ DATE: \_\_\_\_\_

SUPERVISOR: \_\_\_\_\_ PHONE NO.: \_\_\_\_\_ DATE: \_\_\_\_\_